

STATEMENT OF EMPLOYMENT AND FINANCIAL INTERESTS

I. LIST THE NAMES OF ALL COMPANIES, FIRMS, STATE OR LOCAL GOVERNMENTAL ORGANIZATIONS, RESEARCH ORGANIZATIONS AND EDUCATIONAL OR OTHER INSTITUTIONS IN WHICH YOU ARE SERVING AS OFFICER, DIRECTOR, TRUSTEE, PARTNER, EMPLOYEE, MEMBER, OWNER, ADVISER OR CONSULTANT. ALSO LIST THE NAME OF ANY PERSON OR ORGANIZATION WITH WHOM YOU ARE NEGOTIATING OR HAVE ANY ARRANGEMENT OR UNDERSTANDING CONCERNING PROSPECTIVE EMPLOYMENT.

II. LIST THE NAMES OF ALL FEDERAL DEPARTMENTS OR AGENCIES FOR WHICH YOU ARE SERVING OR YOU EXPECT TO SERVE AS AN ADVISER OR CONSULTANT.	FROM--TO--	NO. OF DAYS ESTIMATED SERVICE

III. LIST THE NAMES OF ALL ORGANIZATIONS INCLUDING COMPANIES, RESEARCH OR OTHER INSTITUTIONS, AND TRUSTS IN WHICH YOU OR TO YOUR KNOWLEDGE YOUR SPOUSE, MINOR CHILD, PARTNER, ANY ORGANIZATION OR PERSON LISTED UNDER SECTION I ABOVE, OWN SECURITIES OR HAVE OTHER FINANCIAL INTERESTS.

IV. I CERTIFY THAT THE STATEMENTS I HAVE MADE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF, DURING THE PERIOD OF MY SERVICE, MY EMPLOYMENT OR FINANCIAL INTERESTS CHANGE FROM THOSE STATED ABOVE, I MUST FILE AN AMENDED STATEMENT. I further certify that I have read and understand U.S.C. 208 (P.L. 87-849, § 208) and Executive Order 11222 dated 5 May 1965.

DATE	SIGNATURE
------	-----------